



Bib Data Sheet



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SERIAL NUMBER 09/556,389	FILING DATE 04/24/2000 RULE -	CLASS 607	GROUP ART UNIT 3737	ATTORNEY DOCKET NO. 000309.00005
APPLICANTS Michael B. McGraw, Vancouver, WA ; William A. Rux, Hillsboro, OR ;				
** CONTINUING DATA ***** THIS APPLICATION IS A REI OF 08/806,601 02/26/1997 PAT 5,836,995 AND A CON OF 09/290,407 04/13/1999 PAT 5,836,690 WHICH IS A REI OF 08/967,081 11/10/1997 PAT 5,863,995 WHICH IS A CON OF 08/536,924 09/29/1995 PAT 5,755,745 <i>Handwritten: u Rux 08/806,601 2/26/1997</i>				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 05/15/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>Signature</i> Examiner's Signature Initials		STATE OR COUNTRY WA	SHEETS DRAWING 6	TOTAL CLAIMS 14 INDEPENDENT CLAIMS 1
ADDRESS 002779				
TITLE Portable muscle stimulator with pulse width control				
FILING FEE RECEIVED 345	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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CONFIRMATION NO. 7261

SERIAL NUMBER 09/556,389	FILING DATE 04/24/2000 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 000309.00005
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APPLICANTS

Michael B. McGraw, Vancouver, WA;

William A. Rux, Hillsboro, OR;

** CONTINUING DATA *****

This application is a CON of 09/290,407 04/13/1999 PAT R,E36,690
 which is a REI of 08/806,601 02/26/1997 PAT 5,836,995
 which is a CON of 08/536,924 09/29/1995 PAT 5,755,745

** FOREIGN APPLICATIONS *****

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Verified and Acknowledged Examiner's Signature <i>SG</i> Initials				

ADDRESS

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 WASHINGTON, DC
 20037

TITLE

PORTABLE MUSCLE STIMULATOR WITH PULSE WIDTH CONTROL

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)

<p>RECEIVED 345</p>	<p>No. _____ for following:</p>	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>1.18 Fees (Issue)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Credit</td> </tr> </table>	<input type="checkbox"/>	1.18 Fees (Issue)	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	Credit
<input type="checkbox"/>	1.18 Fees (Issue)							
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